EARLY ACTION DESK REVIEW FINDINGS						
ARB Staff Use Only	ARB Form Tracking Number: Date Findings Reviewed:	Date Findings Re	ceived: nation Requested:	Date Findings Proc	ARB Staff	
PART	I. VERIFICATION BODY IN	IFORMATION				
Verification Body Name: SCS Global Services				Verification Body I H2-12-007	D Number:	
PART	II. EARLY ACTION PROJEC	T INFORMATIO	NC			
Blue S	Early Action Project Name: Blue Source - Pocosin Lakes Forest Conservation Project Name of Party Requesting Desk Review: Brinkley Melvin					
Reporti 01/01/	ng Period Start Date: 2005		Reporting Period E 12/31/2005	nd Date:		
Note: A	separate Early Action Desk Revie	w Findings must L	e provided for each	reporting period bein	ng reviewed.	
Part I	II. ATTACHMENT					
- <u>-</u> . 🛛 1	Report Detailing the Desk Rev	riew Findings	1.			
Part I	v. DESK REVIEW FINDING	S SUMMARY				
as Pr	ere the previously provided offsessurance to support the issuance ogram?	of early action off	set credits by the Ea	rly Action Offset	⊠ Yes □ No	
ca ar						
3. De ve th						
Part V	Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE					
If the ve	If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.					
Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING						
SIGNAT	URE:		PRINTED NAME:			
		·				
TITLE:	TITLE: DATE:					

	+ i + · · ·				
Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE I	IF CONCURRING				
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.					
ATTESTATION SIGNATURE:	PRINTED NAME:				
	Francis Eaton				
TITLE:	DATE:				
Verification Forester	12/18/14				
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER					
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.					
ATTESTATION SIGNATURE:	PRINTED NAME:				
	Robert J. Hrubes, Ph.D.				
TITLE:	DATE:				
Executive Vice President	12/18/14				

EARLY ACTION DESK REVIEW FINDINGS						
ARB Staff	ARB Form Tracking Number:	Date Findings Re		Date Findings Proc		ARB Staff
Use Only	Date Findings Reviewed:	Date More Inform	nation Requested:	Date Findings App	roved:	Use Only
PART	I. VERIFICATION BODY IN	NFORMATION				
	tion Body Name: Blobal Services			Verification Body I H2-12-007	ID Number:	
PART	II. EARLY ACTION PROJEC	CT INFORMATIO	ON			1.00
Blue S	ction Project Name: Source - Pocosin Lakes Fore f Party Requesting Desk Review:		n Project	EAOP Project ID#: CAR676	CAFR00	
Brinkle	/ Melvin					
Reporti 01/01/	ng Period Start Date: 2006		Reporting Period E 12/31/2006	nd Date:	,	•
Note: A	separate Early Action Desk Revie	ew Findings must l	e provided for each	reporting period bei	ng reviewed.	
Part I	II. ATTACHMENT	NA CONTRACTOR OF THE CONTRACTO				
	Report Detailing the Desk Rev	view Findings				
Part I	V. DESK REVIEW FINDING	SSUMMARY				
a: Pi	rere the previously provided offse ssurance to support the issuance rogram?	of early action off	set credits by the Ea	arly Action Offset		Yes No
ca a	2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology? Yes No					
v. th	3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?					
Part V	. VERIFICATION BODY AT	TESTATION AN	ID SIGNATURE			
If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.						
	Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING					
SIGNAT	SIGNATURE: PRINTED NAME:					
TITLE:	TITLE: DATE:					

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE 1	IF CONCURRING				
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.					
ATTESTATION SIGNATURE:	PRINTED NAME: Francis Eaton				
TITLE:	DATE:				
Verification Forester	12/18/14				
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER					
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.					
ATTESTATION SIGNATURE:	PRINTED NAME:				
	Robert J. Hrubes, Ph.D.				
TITLE:	DATE:				
Executive Vice President	12/18/14				

EARLY ACTION DESK REVIEW FINDINGS						
ARB Staff Use Only	ARB Form Tracking Number: Date Findings Reviewed:	Date Findings Received: Date More Information Requested:		Date Findings Processed: Date Findings Approved:		ARB Staff Use Only
PART	I. VERIFICATION BODY IN	NFORMATION				
	Verification Body Name:Verification Body ID NumbSCS Global ServicesH2-12-007					
PART.	II. EARLY ACTION PROJEC	T INFORMATIO	NC.			
					ARB Project CAFR003	
Reporting Period Start Date: 01/01/2007 Reporting Period End Date: 12/31/2007				_		
Note: A	separate Early Action Desk Revie	ew Findings must b	e provided for each	reporting period bei	ng reviewed.	
Part I	II. ATTACHMENT					
⊠ ı	Report Detailing the Desk Rev	view Findings		·		
Part I	V. DESK REVIEW FINDING	S SUMMARY				
as Pr	ere the previously provided offse surance to support the issuance ogram?	of early action off	set credits by the Ea	rly Action Offset		Yes No
ca ap	ere the data checks conducted be elculated correctly and demonstra oplicable quantitative materiality ethodology?	ate the early action	offset project data	report meets the	· 🔯	Yes No
ve th						
Part V	Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE					
If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.						
Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING						
SIGNAT	URE:		PRINTED NAME:		•	
	<u></u>					·
TITLE:	ITLE: DATE:			•		
					····	

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE I	F CONCURRING				
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.					
ATTESTATION SIGNATURE:	PRINTED NAME:				
	Francis Eaton				
TITLE:	DATE:				
Verification Forester	12/18/14				
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER					
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.					
ATTESTATION SIGNATURE	PRINTED NAME:				
	Robert J. Hrubes, Ph.D.				
TITLE:	DATE:				
Executive Vice President	12/18/14				

EARL	EARLY ACTION DESK REVIEW FINDINGS					
ARB Staff Use	ARB Form Tracking Number: Date Findings Reviewed:	Date Findings Re	ceived: nation Requested:	Date Findings Proc		ARB Staff Use
Only						Only
PART	I. VERIFICATION BODY IN	FORMATION				
Verification Body Name: SCS Global Services				Verification Body I H2-12-007	D Number:	
PART	II. EARLY ACTION PROJEC	T INFORMATIO	ÖN			
Blue S	ction Project Name: Source - Pocosin Lakes Fore	st Conservatior	n Project	EAOP Project ID#: CAR676	ARB Project CAFR003	
Name of Brinkley	f Party Requesting Desk Review: Melvin		•			
Reporting Period Start Date: 01/01/2008 Reporting Period End Date: 12/31/2008						
Note: A	separate Early Action Desk Revie	w Findings must b	e provided for each	reporting period bein	ng reviewed.	erretermenten (-176)
Part I	II. ATTACHMENT				Transfer of	
	Report Detailing the Desk Rev	iew Findings				
Part I	V. DESK REVIEW FINDING	S SUMMARY				
as Pi	1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset No					
ca a _l						
ve th						
Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE						
If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.						
Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING						
SIGNAT	URE:		PRINTED NAME:			
TITLE:		<u> </u>	DATE:			·
L						

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE I	IF CONCURRING				
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.					
ATTESTATION SIGNATURE:	PRINTED NAME: Francis Eaton				
TITLE:	DATE:				
Verification Forester	12/18/14				
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER					
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.					
ATTESTATION SIGNATURE:	PRINTED NAME:				
	Robert J. Hrubes, Ph.D.				
TITLE:	DATE:				
Executive Vice President	12/18/14				

EARLY ACTION DESK REVIEW FINDINGS						
ARB Staff	ARB Form Tracking Number:	Date Findings Re		Date Findings Processed:		ARB Staff
Use Only	Date Findings Reviewed:	Date More Infor	mation Requested:	Date Findings App	roved:	Use Only
PART	I. VERIFICATION BODY IN	IFORMATION				
Verification Body Name:Verification Body ID Number:SCS Global ServicesH2-12-007						
PART	II. EARLY ACTION PROJEC	T INFORMATION	ON			
Blue S	ction Project Name: Source - Pocosin Lakes Fore	st Conservation	n Project	EAOP Project ID#: CAR676	CAFR003	
	of Party Requesting Desk Review: y Melvin					
Report 01/01/	ing Period Start Date: /2009		Reporting Period E 12/31/2009			
	A separate Early Action Desk Revie	w Findings must l	be provided for each	reporting period being	ng reviewed.	1014
Part I	II. ATTACHMENT					
\boxtimes	Report Detailing the Desk Rev	riew Findings				
CHEROLET PERSON	V. DESK REVIEW FINDING					
a P	Vere the previously provided offse ssurance to support the issuance rogram?	of early action off	set credits by the Ea	arly Action Offset		Yes No
c a m	Vere the data checks conducted be alculated correctly and demonstration pplicable quantitative materiality nethodology?	ate the early action threshold as set for	n offset project data orth in the early acti	report meets the on quantification		Yes No
3. D v tl						
Part V	/. VERIFICATION BODY AT	TESTATION AN	ID SIGNATURE			
If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.						
Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING						
SIGNA	TURE:		PRINTED NAME:			
TITLE:			DATE:			
					····	

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE I	F CONCURRING			
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.				
ATTESTATION SIGNATURE:	PRINTED NAME: Francis Eaton			
TITLE:	DATE:			
Verification Forester	12/18/14			
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER				
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.				
PRINTED NAME: Robert J. Hrubes, Ph.D.				
TITLE:	DATE:			
Executive Vice President	12/18/14			

EARLY ACTION DESK REVIEW FINDINGS						
ARB Staff	ARB Form Tracking Number:	Date Findings Received:		Date Findings Processed:		ARB Staff
Use Only	Date Findings Reviewed:	Date More Inforr	nation Requested:	Date Findings App	roved:	Use Only
PART	I. VERIFICATION BODY IN	FORMATION			the state of the s	
	Verification Body Name:Verification Body IDSCS Global ServicesH2-12-007					
PART	II. EARLY ACTION PROJEC	TINFORMATIO	ON			
Blue S	ction Project Name: Source - Pocosin Lakes Fore	st Conservation	n Project	EAOP Project ID#: CAR676	CAFR0	
Brinkley						
01/01/	· · · · · · · · · · · · · · · · · · ·		Reporting Period E 12/31/2010			
NAMES OF STREET	separate Early Action Desk Revie	w Findings must b	e provided for each	reporting period bei	ng reviewed	
Part I.	II. ATTACHMENT					
	Report Detailing the Desk Rev	iew Findings				·
Mandata 1984.	V. DESK REVIEW FINDING					
as Pr	lere the previously provided offse ssurance to support the issuance rogram?	of early action off	set credits by the Ea	arly Action Offset		Yes No
ca ar	Pere the data checks conducted be alculated correctly and demonstrapplicable quantitative materiality nethodology?	ate the early action	n offset project data	report meets the	ogram \	Yes No
3. Do ve th	3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?					= 1
Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE						
If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.						
	Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING					
SIGNAT	UKE:		PRINTED NAME:			
TITLE: DATE:						
		<u> </u>				

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE I	F CONCURRING				
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.					
ATTESTATION SIGNATURE:	PRINTED NAME: Francis Eaton				
TITLE:	DATE:				
Verification Forester	12/18/14				
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER					
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.					
ATTESTATION SIGNATURE:	PRINTED NAME:				
	Robert J. Hrubes, Ph.D.				
TITLE:	DATE:				
Executive Vice President	12/18/14				

EARLY ACTION DESK REVIEW FINDINGS							
ARB Staff	ARB Form Tracking Number:	Date Findings Received:		Date Findings Processed:		ARB Staff	
Use Only	Date Findings Reviewed:	Date More Infor	mation Requested:	Date Findings App	roved:	Use Only	
PART	I. VERIFICATION BODY I	NFORMATION	7 A				
	Verification Body Name:Verification Body ID NuSCS Global ServicesH2-12-007						
PART	II. EARLY ACTION PROJE	CT INFORMATI	ON				
Blue S	ction Project Name: Source - Pocosin Lakes Fore		n Project	EAOP Project ID#: CAR676		RB Project ID#: AFR0031	
	of Party Requesting Desk Review: y Melvin	:					
9	ing Period Start Date:		Reporting Period E 12/31/2011	Reporting Period End Date: 12/31/2011			
Note: A	A separate Early Action Desk Revi	iew Findings must	be provided for each	reporting period bei	ng reviewe	d.	
Part J	II. ATTACHMENT					12.00	
\boxtimes	Report Detailing the Desk Re	view Findings					
Part I	V. DESK REVIEW FINDING	GS SUMMARY				11.78	
а	1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset No No						
c a	2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification No methodology?						
3. E v t	3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?						
Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE							
If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.							
Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING							
SIGNA	TURE:		PRINTED NAME:				
TITLE: D/			DATE:				
<u> </u>						~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING			
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.			
ATTESTATION SIGNATURE:	PRINTED NAME:		
	Francis Eaton		
TITLE:	DATE:		
Verification Forester	12/18/14		
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER			
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.			
ATTESTATION SIGNATURE:	PRINTED NAME: Robert J. Hrubes, Ph.D.		
TITLE:	DATE:		
Executive Vice President	12/18/14		

EARLY ACTION DESK REVIEW FINDINGS						
ARB Staff	ARB Form Tracking Number:	Date Findings Received:		Date Findings Processed:		ARB Staff
Use Only	Date Findings Reviewed:	Date More Inform	mation Requested:	Date Findings Appr	oved:	Use Only
PART	I. VERIFICATION BODY I	NFORMATION				
Verification Body Name: SCS Global Services				Verification Body ID Number: H2-12-007		
PART	II. EARLY ACTION PROJEC	CT INFORMATION	ON	# 1		
Blue S	ction Project Name: Source - Pocosin Lakes Fore	n Project	EAOP Project ID#: CAR676	ARB Project CAFR003		
	of Party Requesting Desk Review: / Melvin		•			
Reporting Period Start Date: 01/01/2012			Reporting Period End Date: 11/15/2012			
Controller to San Bloom San San	separate Early Action Desk Revi	ew Findings must l	be provided for each	reporting period beir	ig reviewed.	SER CENTRE (
Part I	II. ATTACHMENT					
\boxtimes	Report Detailing the Desk Re	view Findings				
Declarate in	V. DESK REVIEW FINDING	The second of the second second				
a: P	1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?					
c: a	2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology? Yes No					
v tl						
Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE						
If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.						
Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING						
SIGNAT	ΓURE:		PRINTED NAME:			
TITLE:		DATE:				

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING			
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.			
ATTESTATION SIGNATURE:	PRINTED NAME:		
	Francis Eaton		
TITLE:	DATE:		
Verification Forester	8/28/15		
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER			
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.			
ATTESTATION SIGNATURE:	PRINTED NAME:		
	Robert J. Hrubes, Ph.D.		
TITLE:	DATE:		
Executive Vice President	8/28/15		

EARLY ACTION DESK REVIEW FINDINGS						
ARB Staff Use	ARB Form Tracking Number: Date Findings Reviewed:	Date Findings Received: Date More Information Requested		Date Findings Processed: Date Findings Approved:		ARB Staff Use
Only						Only
PART	I. VERIFICATION BODY I	NFORMATION				
Verification Body Name: SCS Global Services				Verification Body ID Number: H2-12-007		
PART	II. EARLY ACTION PROJEC	CT INFORMATION	NC.		14.7	
Early Action Project Name: Blue Source - Pocosin Lakes Forest Conservation Project Name of Party Requesting Desk Review:				EAOP Project ARB Project ID#: CAR676 CAFR0031		
			Reporting Period E 12/31/2012	End Date:		
Note: A	separate Early Action Desk Revi	ew Findings must L	e provided for each	reporting period beir	ng reviewed.	er a Mariana de de la Taliana
Part I	II. ATTACHMENT					
\boxtimes	Report Detailing the Desk Re	view Findings				
学的主义的关系	v. DESK REVIEW FINDING					
1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?					Yes No	
ca a _l m	2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification No methodology?					
V (tr	3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?					
Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE						
If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.						
Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING						
SIGNAT	URE:		PRINTED NAME:			
TITLE: DATE:			DATE:	.TE:		

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING				
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.				
ATTESTATION SIGNATURE:	PRINTED NAME: Francis Eaton			
TITLE:	DATE:			
Verification Forester	8/28/15			
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER				
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.				
ATTESTATION SIGNATURE	PRINTED NAME:			
	Robert J. Hrubes, Ph.D.			
TITLE:	DATE:			
Executive Vice President	8/28/15			